ALTERNATIVE TO THE 3-SNIP OPERATION FOR LACRIMAL DRAINAGE INSUFFICIENCY*

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EPIPHORA due to insufficiency of the lower lacrimal punctum, due either to atresia of the punctum or to its poor apposition to the lacus lacrimalis, is usually treated in the first instance by repeated dilatations, slitting, or modifications of the 3-snip operation. A punch method for making a gutter instead of a slit has also been described (Haitz, 1930).

The following procedure, which is suggested as an alternative to the above operations, can be used in combination with other plastic operations for ectropion of the lower lid. The object of the operation is to provide a new round opening into the lower canaliculus, 2 mm. below the original punctum.

The instruments required are a Nettleship dilator, $\frac{1}{2}$ -size Bowman's probe or similar size silver-wire (I have used a lacrimal canaliculus syringe needle instead), a 1.5-mm. trephine (preferably one set aside for this operation), sharp pointed scissors, and a straight iris forceps.

FIG. 1.—Diagram showing trephine and probe in position.

The lower punctum is dilated and the probe is passed along the canaliculus into the sac. With the lid everted, the trephine is placed about 2 to 3 mm. inferior to the punctum over the probe, and pressure exerted against the probe, followed by rotatory movements until the posterior wall of the canaliculus is trephined (Fig. 1).

The disc is lifted out by the iris forceps, and cut away cleanly with scissors. The probe is removed, and the anterior wall of the canaliculus is now visible. A wisp of cotton wool is inserted into the trephine opening, along the inner portion of the canaliculus, and is left in place for about 24 hours, giving time for epithelialization to take place.

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I have found trephination over the more medial part of the canaliculus to be less successful, and am of the opinion that the method involving the lateral portion has proved more successful because of the greater rigidity of the tissues which is due to the lateral support of the tarsal plate; this area is at the angle of the canaliculus.

Fig. 2 shows the results of a trephination such as that described above; the photograph was taken 4 months after the operation.

FIG. 2.—Appearance of eye 4 months after operation. T, P, show position of incisions.

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REFERENCE

HAITZ, E. (1930). *Klin. Mbl. Augenheilk.*, **85**, 541.